



State of Oklahoma
Employees Group Insurance Department (EGID)
A Department of the Office of Management and Enterprise Services

Compliance Program Plan Document

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Glossary of Important Terms

These terms will have the following meanings throughout the Office of Management and Enterprise Services (OMES) Employees Group Insurance Department (EGID) Compliance Program:

Audit. A formal review of compliance with internal (e.g., policies and procedures) and external (e.g., laws and regulations) directives.

Business Associate. A third party acting as a fiduciary on behalf of EGID either through contract or by law in performing a function or activity regulated by HIPAA.

CMS. Centers for Medicare and Medicaid Services, an agency of the U. S. Department of Health and Human Services.

Code of Ethics. Standards adopted by OMES stating the ethical requirements and expectations for OMES employees. EGID has also adopted additional separate Standards of Conduct with a commitment to comply with all federal and state standards and an emphasis on preventing fraud, waste, and abuse.

Compliance Officer. An individual designated by EGID to be accountable for all compliance responsibilities at EGID.

Compliance Program. Standards and procedures to be followed by EGID's employees and its agents that are reasonably capable of reducing the prospect of criminal conduct and which incorporate the seven basic components of such a program as specified by the Office of Inspector General (OIG).

Covered Persons. EGID employees or any person or entity acting as a fiduciary on behalf of EGID either through contract or by law..

DOJ. The Department of Justice, the U.S. federal executive department responsible for law enforcement.

EGID. The Employees Group Insurance Department of OMES, which provides medical, dental, life and disability benefits to current and former State, Education and Local Government employees.

EGID Compliance Committee. A committee, consisting of EGID and OMES employees, responsible for providing support to the Compliance Officer in the creation, implementation and operation of the Compliance Program.

EGWP. An Employer Group Waiver Plan.

Employer Group Waiver Plan. A Medicare Part D plan offered to retirees through a PBM or insurer that contracts directly with the Centers for Medicare & Medicaid Services.

Excluded Individual and Entity. (See 42 U.S.C. § 1320a-7). An individual or entity who: is currently excluded, debarred, suspended, or otherwise ineligible to participate in the federal health care programs or in federal procurement or non-procurement programs; or has been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.

Exclusion Lists. Electronic lists of excluded individuals or entities maintained by the federal Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE list) and General Services Administration (GSA) System for Award Management (SAM) per 42 U.S.C. § 1320a-7.

Federal Health Care Programs. As defined in 42 U.S.C. §1320a-7b(f), include any plan or program that provides health care benefits to any individual, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by a United States Government or state health care program, including, but not limited to, Medicare, Medicaid, Civil Health and Medical Program for the Uniformed Services (CHAMPUS), Department of Veterans Affairs (VA), Federal Bureau of Prisons, and Indian Health Services, but excluding the Federal Covered Persons Health Benefit Program (FEHBP).

FWA. Fraud, waste and abuse.

GSA. The General Services Administration, an independent agency of the United States government.

HIPAA. The Health Insurance Portability and Accountability Act of 1996, as amended.

HITECH. The Health Information Technology for Economic and Clinical Health Act of 2009.

Management. EGID employees who hold an office of trust, authority, or command.

MMA. Medicare Prescription Drug, Improvement and Modernization Act of 2003 (P.L. 108-173).

OEIBB. The Oklahoma Employee Insurance Benefits Board as created by 74 O.S. (2012) §1304.1(B) is a seven member board constituting an advisory group for OMES benefits.

Office of Management and Enterprise Services. An agency of the State of Oklahoma as created under 62 O.S. (2012) § 34.3 et seq.

OIG. Office of Inspector General of the United States Department of Health and Human Services.

OMES. The Office of Management and Enterprise Services.

PBM. Pharmacy Benefits Manager.

SAM. The System for Award Management, an e-procurement system utilized in the management of federal procurement.

SIU. A special investigations unit for investigation of FWA.

Standards of Conduct. The set of principles and expectations that are considered binding on EGID employees for the conduct of business activities.

TPA. Third Party Administrator.

Section I

Written Policies, Procedures and Standards of Conduct

1.0. Summary

EGID has adopted the Compliance Program to reaffirm EGID's commitment to conducting its business in full compliance with applicable statutes, regulations, and federal health care program requirements.

1.1. Purpose and Extent of Compliance Program

The Compliance Program provides a solid framework for structuring a comprehensive range of compliance activities that are designed to:

1. Avoid legal and compliance problems in the first instance;
2. Provide Covered Persons and the general public with an official statement of how EGID must and will conduct business as embodied in the Standards of Conduct;
3. Provide guidance to employees and others on dealing with suspected, detected or reported compliance issues, and identify how to communicate compliance issues to appropriate compliance personnel;
4. Effectively address compliance allegations as they arise and remedy the effects of noncompliance;
5. Identify and remove Fraud, Waste, and Abuse (FWA); and
6. Provide a coordinated reporting structure between EGID, its subcontractors, and enforcement authorities.

The Compliance Program applies to all health, dental, life and disability plans sponsored by EGID.

These Compliance Program standards shall apply to Covered Persons affiliated with EGID throughout its diverse operations. It is the responsibility of Covered Persons to be familiar and comply with all requirements of the Compliance Program that pertain to their respective areas of responsibility and recognize and avoid actions and relationships that might violate those requirements.

The Compliance Program is not intended to summarize all laws and regulations applicable to EGID. This Compliance Program is a policy of EGID that will be updated periodically to assure that Covered Persons are kept informed of current legal and compliance developments in the health care industry. Any doubts whatsoever as to the appropriateness of a particular situation, whether or not the situation is described

within this Compliance Program, should be submitted either to an immediate supervisor, management, EGID's Compliance Officer, OMES's legal counsel, OMES's Human Capital Management director, EGID's compliance toll free hot line at 1-866-381-3815, or EGID's website at http://www.ok.gov/sib/Fraud,_Waste,_and_Abuse.html.

1.2. Code of Ethics and Standards of Conduct

All EGID employees, contractors, and subcontractors shall also conduct themselves in accordance with EGID's Standards of Conduct, available at EGID's Internet site.

As a condition of employment, Covered Persons shall certify that they have received, read, and will comply with the written Standards of Conduct.

Failure to abide by the Standards of Conduct will subject OMES employees to disciplinary standards as stated in "Section V: Well-Publicized Disciplinary Standards" of this Compliance Plan. Failure of subcontractors may result in action, up to and including termination of the contract.

1.3. Policies and Procedures

EGID is committed to policies and procedures for the detection, correction and prevention of FWA. To articulate its commitment to detect, correct and prevent FWA, EGID will:

1. Maintain a commitment to comply with federal and state regulatory requirements related to the Medicare program, including but not limited to the Anti-Kickback Statute and False Claims Act. EGID will continually monitor and update its Compliance Program to incorporate any modifications to applicable standards;
2. Develop procedures that establish ramifications in instances where federal or state statutes or other regulatory requirements are breached;
3. Distribute EGID's written Standards of Conduct related to FWA to all Covered Persons at time of hire or contract, when the standards are updated, and annually thereafter. As a condition of employment, employees shall certify that they have received, read, and will comply with all written Standards of Conduct;
4. Have Covered Persons sign a statement, attestation or certification related to conflict of interest at time of hire or contract and annually thereafter;
5. Maintain policies that require the review of the federal Exclusion Lists on a monthly basis to ensure that its Covered Persons are not included on such lists. If the Covered Persons are on such lists, EGID's policies shall require the immediate removal of such Covered Persons from any work on all federal health care programs;

6. Describe the arrangements for identifying overpayments within its network and making repayments to the appropriate party of any overpayments;
7. Establish procedures for the identification of FWA in claims received by EGID;
8. Establish policies and procedures for coordinating and cooperating with federal agencies and law enforcement, including policies that fully cooperate with any audits conducted by the above-mentioned entities;
9. Establish procedures for performing data requests for federal agencies and law enforcement; and
10. Maintain policies and procedures to comply with CMS' ten-year record retention requirement for EGWPs and with Oklahoma's record retention policy at 67 O. S. § 201 et seq

1.4. Distribution of Compliance Policies, Procedures, Code of Ethics and Standards of Conduct

Compliance policies, procedures and Standards of Conduct must be distributed to Covered Persons at the time of hiring, within 60 days of updates to the policies, and annually thereafter.

1. Hard copies will be distributed and signed for at the time of hire. Thereafter, electronic copies shall be distributed on an annual basis and also are available on the OMES EGID web site and the EGID SharePoint folder. Each employee shall sign for receipt of the initial hardcopy version. Subsequent distributions will occur electronically whenever feasible, and employees shall respond electronically for receipt of the documentation. Distribution includes either the documents in electronic form or by a link to the agency website. As a condition of employment, Covered Persons shall certify that they have received, read, and will comply with all written Standards of Conduct and this Compliance Program.
2. EGID will distribute electronic copies of the EGID Compliance Program to subcontractors for distribution to such employees as are involved with the EGID account. In lieu of distribution of EGID's plan to employees of subcontractors, EGID will also accept proof that the subcontractor has its own comparable policies and procedures and Standards of Conduct, and these are distributed within 90 days of hire to its employees.
3. EGID shall periodically review the subcontractors' compliance policies, procedures and codes of conduct.
4. Records of the distribution and receipt of these policies, procedures and codes of conduct shall be maintained for 10 years.

All EGID employees and Business Associates engaged by EGID shall be required, on an annual basis, to certify, on a signed and dated form, whether they are aware of any violations or potential violations of this Compliance Program, and if so, shall provide

detailed information about these possible violations on the form. The form shall state that confidentiality shall be maintained as best possible, and that the Covered Person has the right to meet personally with the Compliance Officer in place of completing the certification form.

Section II

Compliance Officer, Compliance Committee and High Level Oversight

2.0 Summary

EGID has designated a Compliance Officer and a compliance committee who report directly to, and are accountable to, the EGID's senior management and to the OEIBB.

1. The Compliance Officer, vested with the day-to-day operations of the Compliance Program, must be an employee of OMES.
2. The Compliance Officer and the compliance committee must periodically report directly to the EGID senior management, the OMES Executive Director and the OEIBB on the activities and status of the Compliance Program, including issues identified, investigated, and resolved by the Compliance Program.
3. The OMES Executive Director and the OEIBB must be knowledgeable about the content and operation of the Compliance Program and must exercise reasonable oversight with respect to the implementation and effectiveness of the Compliance Program.

2.1. Compliance Officer

2.1.1. Position of EGID Compliance Officer

The Compliance Officer is the focal point of the Compliance Program and shall be accountable for all compliance responsibilities at EGID. The Compliance Officer shall be a full-time employee.

The Compliance Officer shall not serve in both compliance and operational areas (e.g., where the Compliance Officer is also the Chief Financial Officer, Chief Operations Officer or Legal Counsel).

The presence of the Compliance Officer does not diminish or alter a Covered Person's or entity's independent duty to abide by the Compliance Program. For example, managers and supervisors should be responsible for monitoring and promoting compliant behavior among those he or she supervises.

2.1.2. Responsibilities of the EGID Compliance Officer

The Compliance Officer has general accountability for EGID's Compliance Program. The Compliance Officer's responsibilities include:

1. Defining the Compliance Program structure, educational requirements, reporting, and complaint mechanisms, response and correction procedures, and compliance expectations of all personnel;
2. Overseeing the establishment, distribution and maintenance of the policies and procedures necessary to support the Compliance Program;
3. Developing, operating and monitoring the FWA program with authority to report directly to the OEIBB, EGID's Administrator, and the Executive Director of OMES;
4. Periodically assessing EGID's compliance risk exposure and the development of action plans to assure that the Compliance Program responds to identified risk areas;
5. Ensuring that the federal Exclusion Lists have been checked monthly with respect to all employees, OEIBB members, and subcontractors, and coordinating any resulting personnel issues with the OMES Human Capital Management division, Legal Division or other departments as appropriate;
6. Creating and coordinating (by appropriate delegation, if desired) mandatory periodic educational training programs to ensure that EGID's Covered Persons are knowledgeable about the EGID's Compliance Program, its written Standards of Conduct, compliance policies and procedures, all applicable statutory and regulatory requirements and compliance issues related to specific departments, groups of employees or other Covered Persons;
7. Coordinating internal audit endeavors to assess the effectiveness of EGID's internal controls and to detect significant violations of legal and ethical standards;
8. Promoting effective lines of communication for Covered Persons, providers, members and the general public to pose informal compliance questions, and maintaining a well-publicized disclosure program for reporting of potential Compliance Program violations and FWA without fear of retaliation;
9. Maintaining a record of compliance-related complaints and allegations received from any source and through any reporting method (e.g., hotline, mail, or in-person) with the disposition of each case, including any associated disciplinary actions and remedial action pursued by EGID;
10. Responding to reports of potential FWA, including coordinating internal investigations, the development of appropriate corrective or disciplinary actions (if necessary), and maintaining documentation for each report of potential FWA received from any source, through any reporting method (e.g., hotline, mail, or in-person);
11. Collaborating with other sponsors, State Medicaid programs, Medicaid Fraud Control Units (MCFUs), commercial payers, and other organizations, where appropriate, when a potential FWA issue is discovered that involves multiple parties;
12. Conducting investigations, or authorizing outside investigations, in consultation with legal counsel, of potential violations of laws, regulations, other federal

- health care program requirements, or instances of unethical behavior, which jeopardize EGID;
13. Evaluating, determining and implementing the most appropriate remedy to correct an incident of noncompliance, once detected, and develop and implement strategies for identifying and preventing future incidents;
 14. Reporting, in consultation with Legal Counsel any compliance matter requiring external reporting or disclosure;
 15. Making at least quarterly reports on compliance developments to the EGID Administrator, the OMES Executive Director and to the OEIBB, including the identification and resolution of suspected, detected or reported instances of noncompliance, and the EGID's compliance oversight and audit activities;
 16. Serving as chairperson of the EGID Compliance Committee;
 17. Maintaining a good working relationship with key operational areas relevant to the effective implementation of the Compliance Program;
 18. Providing guidance and interpretation to the OEIBB, EGID Administrator and Senior Management, and OMES Executive Director, in consultation with legal counsel, on matters related to the Compliance Program;
 19. Regularly disseminating new compliance information to Covered Persons;
 20. Preparing a report (at least annually) which describes the compliance activities and actions undertaken during the preceding year, the compliance priorities for the next year, and any recommendations for changes to the Compliance Program. This report should include input from the EGID Compliance Committee; and
 21. Reviewing and updating this Compliance Program at least annually, and as required by events, such as changes in the law, or discovered flaws in the Compliance Program.

2.1.3. Authority of the Chief Compliance Officer

The Chief Compliance Officer has the authority to:

1. Interview or delegate the responsibility to interview the EGID's employees and other relevant individuals regarding compliance issues;
2. Independently seek advice from legal counsel;
3. Report potential FWA to law enforcement;
4. Conduct and/or direct audits and investigations of any subcontractors;
5. Recommend policy, procedure, and process changes; and
6. Provide unfiltered, in-person reports to EGID's Administrator and to the OEIBB.

2.2 Compliance Committees

2.2.0. Summary

EGID has established two compliance committees for purposes of the Compliance Program. The first committee is composed of members of EGID's senior management (EGID Compliance Committee) and other OMES personnel. The second committee (the Compliance and Health Plan Strategies Committee) is composed of three members of the OEIBB.

2.2.1. EGID Compliance Committee

EGID has established an EGID Compliance Committee that is overseen by the Chief Compliance Officer. The Compliance Committee shall be responsible for providing support to the Chief Compliance Officer in the creation, implementation and operation of the Compliance Program. The Compliance Committee is critically important in establishing accountability, credibility, and the structure of the Compliance Program. The purpose of the EGID Compliance Committee is to allow EGID and the Compliance Officer to benefit from the combined perspectives of individuals with diverse responsibilities and experiences. Accordingly, in addition to the Chief Compliance Officer, who will chair the Committee, the EGID Compliance Committee shall include representatives of and be attended by the following EGID departments or OMES divisions: EGID Internal Auditing; EGID Finance; EGID Operations; EGID Health Care Management Unit, OMES Information Services; OMES Legal; and OMES Human Capital Management.

The EGID Compliance Committee is authorized to invite other persons or the general public to meetings to draw from other relevant expertise related to the matter under discussion. The EGID Compliance Committee shall support the Chief Compliance Officer in furthering the objectives of the Compliance Program by:

1. Developing a structure to promote compliance of organizational functions;
2. Analyzing the legal requirements with which EGID must comply, and the specific risk areas;
3. Updating and providing revisions to the Compliance Program;
4. Developing effective training programs;
5. Recommending and supervising, in consultation with the relevant departments and facilities, the development of internal systems and controls to achieve the standards set forth in the Compliance Program;
6. Determining the appropriate strategy to promote adherence to the Compliance Program standards;
7. Developing a system to solicit, evaluate and respond to complaints and problems;
8. Creating and implementing effective methods for the proactive identification of potential compliance problems throughout EGID;
9. Assessing the effectiveness of the Compliance Program;

10. Furnishing recommendations to the Chief Compliance Officer regarding reports to be furnished to the EGID Administrator, the Regulatory Compliance Committee, the OEIBB, or other parties; and
11. Reviewing and providing comments to the annual compliance audit plan.

The EGID Compliance Committee may also address other compliance functions as the Compliance Program develops.

The EGID Compliance Committee shall create ad hoc committees and task forces as necessary to perform specialized functions, such as conducting an investigation into reported noncompliance, in an efficient and effective manner.

Any report generated by the Chief Compliance Officer or EGID Compliance Committee shall be delivered to OMES Legal Counsel for review.

2.3 Oklahoma Employees Insurance Benefits Board (OEIBB)

The OEIBB must exercise reasonable oversight with respect to the implementation and effectiveness of EGID's Compliance Program. When compliance issues are presented to the OEIBB, it should make further inquiry and take appropriate action to ensure the issues are resolved.

The OEIBB shall delegate compliance program oversight to a specific committee of the OEIBB, but the OEIBB as a whole remains accountable for reviewing the status of the compliance program.

The OEIBB must receive training and education as to the structure and operation of the compliance program. The OEIBB must be knowledgeable about compliance risks and strategies, understand the measurements of outcome, and have the ability to gauge effectiveness of the compliance program.

The OEIBB shall delegate direct oversight through a compliance committee composed of three members of the OEIBB. Oversight by the OEIBB through the OEIBB's compliance committee includes:

1. Understanding the compliance program structure;
2. Remaining informed about the Compliance Program outcomes, including results of internal and external audits;
3. Remaining informed about governmental compliance enforcement activity such as Notices of Non-Compliance, Warning Letters and/or more formal sanctions;
4. Receiving regularly scheduled, periodic updates from the Chief Compliance Officer and the EGID Compliance Committee;

5. Reviewing the results of performance and effectiveness assessments of the Compliance Program.
6. Approval of compliance policies and procedures;
7. Review and oversight of compliance and FWA training;
8. Review and approval of compliance risk assessment;
9. Review of internal and external audit work plans and audit results;
10. Review and approval of corrective action plans resulting from audits; and
11. Review of dashboards, scorecards, self-assessment tools, etc., that reveal compliance issues.

Approval of the Standards of Conduct will be performed by the OEIBB as a whole, and not solely by an OEIBB committee.

2.4. Senior Management Involvement in Compliance Program

EGID recognizes that an effective compliance program cannot be achieved unless senior management, as appropriate, are engaged in the compliance program and recognize the importance of the compliance program.

EGID's Administrator and senior management should ensure that the Chief Compliance Officer is integrated into the organization and is given the credibility, authority and resources necessary to operate a robust and effective compliance program. The Administrator must receive periodic reports from the Chief Compliance Officer of risk areas facing EGID, the strategies being implemented to address them and the results of those strategies. The Administrator must also be advised of all governmental compliance enforcement activity, from Notices of Non-compliance to formal enforcement actions.

Section III

Effective Training and Education

3.0. Summary

In order to create and maintain a culture of compliance, EGID shall provide initial and continuing education for its employees on all matters set forth in this Compliance Program. EGID's employees (including temporary workers) and OEIBB members must, at a minimum, receive the required training within 60 days of beginning employment, and annually thereafter.

3.1. Training Process and Assessment

Participation in the educational programs set forth in this Compliance Program shall be a condition of employment with EGID and all new employees will be trained within sixty (60) days of beginning employment. Any temporary employee must receive at least basic HIPAA training and, if the expected work time with EGID is expected to exceed 90 days, all HIPAA and FWA training is required. All Covered Persons shall receive a minimum of one hour annually for basic training in compliance areas.

EGID will use a variety of methods to train and educate its employees regarding the Compliance Program. These include live and videotaped presentations, distribution of written materials, including newsletters and posting information on bulletin boards, and web-based tools. In establishing educational objectives for current and future employees, EGID will determine the type of training that best suits EGID's needs (e.g., seminars, in-service training, self-study or other programs), when the education is needed and how much each person should receive to achieve the Compliance Program's goals.

Requirements for training shall be incorporated in each employee's yearly PMP evaluation.

All Covered Persons, other than EGID employees, shall be responsible for establishing an education and training program that encompasses potential FWA and access to EGID's reporting of FWA.

EGID will review and update, if necessary, the general compliance training whenever there are material changes in regulations, policy or guidance, and at least annually.

3.1.1. Compliance Training

Training will include information on the compliance program itself and applicable statutes and regulations. The educational programs provided by EGID shall include:

1. A description of the Compliance Program, including a review of compliance policies and procedures, the Code of Ethics and Standards of Conduct, the EGID's commitment to business ethics and compliance with all program requirements, and the requirement to report to the EGID actual or suspected program noncompliance or potential FWA;
2. An overview of how to ask compliance questions, request compliance clarification or report suspected or detected noncompliance. Training will emphasize confidentiality, anonymity, and non-retaliation for compliance related questions or reports of suspected or detected noncompliance or potential FWA;
3. A review of the disciplinary guidelines for non-compliant or fraudulent behavior. The guidelines will communicate how such behavior can result in mandatory retraining and may result in disciplinary action, including possible termination when such behavior is serious or repeated or when knowledge of a possible violation is not reported;
4. Attendance and participation in compliance and FWA training programs as a condition of continued employment and a criterion to be included in employee yearly Performance Management Process (PMP) evaluations;
5. A review of potential conflicts of interest and EGID's system for disclosure of conflicts of interest;
6. An overview of HIPAA/HITECH and the importance of maintaining the confidentiality of personal health information and personally identifiable information;
7. Training and education on EGID's policy regarding governmental investigations and search warrants;
8. Training regarding the role of each Covered Person and the consequences for EGID and the individual violating the policies;
9. The role of the Oklahoma Attorney General and local law enforcement, and cooperation with these entities in an investigation; and
10. Training regarding the key risk areas.

3.1.2. Fraud Waste and Abuse Training

Topics to be addressed in FWA training include, but are not limited to the following:

1. Laws and regulations related to Medicare FWA (i.e., False Claims Act, Anti-Kickback statute, HIPAA/HITECH, etc.);
2. Training on common fraudulent schemes in the health care and pharmaceutical industry as identified by CMS, the OIG, or the U. S. Department of Justice;
3. How FWA may be identified;
4. What to do when FWA is identified, including processes for Covered Persons to report suspected FWA to EGID; and
5. Protections for those EGID who report suspected FWA.

Additionally, specialized or refresher training may be provided on issues posing FWA risks based on: the individual's job function (e.g., customer service); appointment to a new job function; when requirements change; when employees are found to be noncompliant; as a corrective action to address a noncompliance issue; and when an employee works in an area implicated in past FWA.

3.2. Documentation

EGID is accountable for maintaining records according to State guidelines. However, as provided for in federal guidelines, EGID shall retain those records specific to its Medicare Part D contract as well as EGWP eligibility for a period of ten (10) years.

Section IV

Effective Lines of Communication

4.0 Summary

EGID shall have effective lines of communication to receive, record, and respond to instances of potential FWA and other reports of non-compliance with these policies between the Compliance Officer, the general public, Covered Persons, OEIBB members, and members of the Compliance Committees, and EGID's subcontractors. Such lines of communication must be accessible to all and allow compliance issues to be reported including a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified.

4.1. Effective Lines of Communication among the Chief Compliance Officer, Compliance Committee, Employees, OEIBB, and Subcontractors

The Chief Compliance Officer is charged with the responsibility of ensuring that a clear "open door" policy between Covered Persons, the general public and the compliance office is established. This includes procedures to ask compliance questions or make reports of potential or actual non-compliance to the Chief Compliance Officer, and should include the Chief Compliance Officer's name, office location and contact information.

The Chief Compliance Officer will utilize a number of communication techniques to continually update Covered Persons on compliance information. Such information should include the Compliance Officer's name, office location and contact information; laws, regulations and guidance; and changes to policies and procedures and Standards of Conduct. Communication techniques will include physical postings of information, e-mail distributions, Internet and internal websites, newsletters and individual and group meetings with the Chief Compliance Officer.

To ensure effective communication, EGID will:

1. Ensure that Covered Persons are aware that policies and procedures require Covered Persons report conduct that a reasonable person would, in good faith, believe to be fraudulent or erroneous, and that failure to do so is a violation of the Compliance Program;
 2. Have a simple and readily accessible procedure, developed by the Chief Compliance Officer, to process reports of fraudulent or erroneous conduct;
 3. Have a process that maintains the confidentiality of the persons involved in the alleged fraudulent or erroneous conduct and the person making the allegation;
- and

4. Ensure that there will be no retribution for reporting conduct that a reasonable person acting in good faith would have believed to be fraudulent or erroneous.

4.2. Communication and Reporting Mechanisms

4.2.1 Requirement to Report

All Covered Persons are required to report incidents of violations of this Compliance Program, unethical conduct, or incidents of potential FWA to the Chief Compliance Officer.

4.2.2. Reporting Mechanisms

Reports may be made to the Compliance Office in person, in writing, or by phone. Reports may be made on an anonymous basis through a drop box, Internet website, or a direct telephone hotline.

Published information, including outgoing greetings on “hotline” systems shall include a:

1. Description of the various methods available to report FWA;
2. Statement that every attempt will be made to maintain confidentiality, but the confidentiality may not be guaranteed if law enforcement is involved;
3. Description of how anonymous reports may be made and how the anonymous system will allow the reporter to provide additional information (if needed) and receive status updates on the investigation; and
4. Description of EGID’s policy on non-retaliation or retribution for reports of FWA made in good faith.

4.2.3. Confidentiality and non-Retaliation

Reports shall be treated as confidential to the extent reasonably possible. There shall be no retaliation against anyone who submits a good faith report of noncompliance.

The Compliance Office shall maintain identifiable details of all discovered or reported information in the strictest confidence and shall not disclose to any person or entity, other than the Administrator, legal counsel and the OEIBB Compliance Committee, any such information unless otherwise directed by the EGID Administrator or the compliance committee of the OEIBB.

4.2.4. Investigation, documentation and reporting

Any reported matters that suggest substantial violations of compliance policies, regulations, or statutes shall be documented and investigated promptly. Each report,

regardless of the source, shall be assigned a control number, and a record shall be made containing the following data:

1. The date the report was made;
2. The person who received the report;
3. The allegations;
4. The actions taken in response; and
5. The name of the person making the report, if not made anonymously.

The Chief Compliance Officer shall inform the EGID Administrator and the OEIBB's Compliance and Health Plan Strategies Committee of reported incidents of material violation, and provide the Committee with the record of the report.

4.3. Enrollee Communications and Education

EGID must educate enrollees about identification and reporting of potential FWA. Education methods may include flyers, letters, pamphlets that can be included in mailings to enrollees (such as enrollment packages, Explanation of Benefits ("EOB")), emails, websites and other electronic communications.

Section V Disciplinary Standards

5.1 Disciplinary Standards

Disciplinary action will be pursued on a fair and equitable basis, and employees at all levels of EGID shall be subject to the same disciplinary action for the commission of similar offenses, including management. The OMES Human Capital Management Director or designee, in conjunction with the Chief Compliance Officer and EGID Compliance Committee, will serve as the appropriate body to ensure that the imposed discipline is proportionate and administered fairly and consistently in compliance with EGID's policies and procedures.

This Compliance Program may not include all circumstances that would fall within the intent of the Compliance Program and be considered a violation that should be reported. Persons should report all suspected dishonest or illegal activities whether or not they are specifically addressed in the Compliance Program.

5.1.1. Violations are subject to disciplinary standards

EGID shall maintain a mechanism of accountability and discipline for individuals who violate any law or regulation, or any of the Compliance Program standards, in the course of their employment or association with EGID. The mechanism must provide for timely, consistent and effective enforcement of the standards when noncompliant or unethical behavior is found. Examples of actions or omissions that will be subject to disciplinary action include, but are not limited to:

1. Violation of law or any of the Compliance Program standards;
2. Failure to participate in required trainings;
3. Failure to report a suspected or actual violation of law or the Compliance Program, or failure to cooperate fully in an investigation of alleged noncompliance;
4. Lack of attention or diligence on the part of supervisory personnel that directly or indirectly leads to a violation of law or the Compliance Program;
5. Direct or indirect retaliation against a Covered Person who reports through any means a violation or possible violation of law or the Compliance Program; or
6. Deliberately making a false report of a violation of law or any of the Compliance Program standards.

5.1.2. Disciplinary actions that may be taken

Possible disciplinary action shall depend on the degree of severity of noncompliance and may include, but shall not be limited to:

1. Warnings (oral);
2. Reprimands (written);
3. Probation;
4. Demotion;
5. Suspension without pay;
6. Referral to counseling;
7. Withholding of a promotion or salary increase or other financial penalties;
8. Termination;
9. Failure to renew agreements;
10. Contract termination;
11. Restitution of damages; and
12. Referral for criminal prosecution to law enforcement agencies as appropriate.

5.2. Publicizing Disciplinary Standards

To encourage good faith participation in the compliance program, under the direction of the Chief Compliance Officer EGID shall promote standards by publicizing disciplinary guidelines regarding its compliance plan. This may be accomplished through:

1. The release of newsletters which explain FWA;
2. Including compliance guidelines for the regular topics at staff meetings;
3. Displaying posters and notices in common areas;
4. E-mails;
5. Other kinds of communication appropriate for EGID to communicate to the employees the scope and responsibility of the Compliance Program; and
6. Posting information about FWA and reporting methods on EGID's Internet and Intranet web sites.

The information shall be provided to all Covered Persons.

5.3. Enforcing Disciplinary Standards

EGID shall enforce disciplinary standards in a timely, consistent and effective manner. Records must be maintained for a period of 10 years for all compliance violation disciplinary actions, capturing the date the violation was reported, a description of the violation, date of investigation, summary of findings, disciplinary action taken and the date it was taken and should be regularly reviewed to ensure consistency, timeliness and fairness of disciplinary actions.

Section VI

Routine Monitoring, Auditing and Identification of Compliance Risks

6.0. Summary

EGID shall establish and implement an effective system for routine monitoring and identification of compliance risks. The system should include internal monitoring and audits and, as appropriate, external audits, to evaluate EGID's compliance with requirements and the overall effectiveness of the compliance program.

6.1. Routine Monitoring and Auditing

EGID has developed, and shall continue to develop and refine, procedures to test and confirm compliance with regulations, sub-regulatory guidance, contractual agreements, and all applicable federal and state laws, as well as internal policies and procedures to protect against program noncompliance and potential FWA.

In order to detect non-compliance with the Compliance Program, EGID shall periodically monitor and audit the business activities of EGID including but not limited to the auditing of the health and pharmacy claims.

EGID's Internal Auditor shall collaborate with the Chief Compliance Officer and EGID Compliance Committee in coordination of formal audits. Audits may be performed by internal or external auditors with expertise in federal and state health care statutes, regulations, and policies. The external auditor shall be independent of EGID's management and have complete access to records and personnel.

The Chief Compliance Officer must receive regular reports from EGID's Internal Audit department or from those who are conducting the audits regarding the results of auditing and monitoring and the status and effectiveness of corrective actions taken. It is the responsibility of the Chief Compliance Officer or his/her designee to provide updates on monitoring and auditing results to the EGID and OEIBB compliance committees, the Administrator and senior management. In addition, for specific work coordinated with EGID's Internal Audit department, the Compliance Officer and Director of Internal Audit may share the responsibility to provide updates on monitoring and auditing results to the compliance committees, the Administrator, and senior management.

Auditing and monitoring of FWA may be performed utilizing any of the following:

1. Unannounced internal audits or "spot checks";

2. Examination of the performance of the Compliance Program including review of training, the compliance issues log (e.g. hotline log), investigation files, certifications for receipt of Standards of Conduct, and conflict of interest disclosure/attestation;
3. Review of areas previously found non-compliant to determine if the corrective actions taken have fully addressed the underlying problem;
4. Use of objective, independent auditors that are knowledgeable of the program requirements and are not employed in the area under review; and
5. Access to existing audit resources, relevant personnel, and relevant areas of operation by both internal and independent auditors.

EGID's Internal Auditor and/or Chief Compliance Officer shall report to the OEIBB Compliance Committee the results of any audit. The Compliance Officer, in consultation with Legal Counsel, shall determine whether corrective action is necessary. Legal Counsel will advise on matters of attorney/client privilege, disclosure, and whether EGID has any affirmative duties to report the violations and/or make restitution to members or providers.

6.2 Identifying Compliance Risks

EGID shall have a risk assessment system that determines where EGID is at risk for FWA, and prioritizes (ranks) the risks. The Chief Compliance Officer and EGID Compliance Committee shall participate in or contribute to the risk assessment process. EGID shall have a system of ongoing monitoring and auditing that is coordinated or executed by the Chief Compliance Officer to assess performance in, at a minimum, areas identified as being at risk.

Factors that EGID will consider in determining the risks associated with each area include the size of the department, the complexity of the work, the amount of training that has taken place, past compliance issues, and the budget involved.

6.3. Work Plans

At the conclusion of the risk assessment, the Chief Compliance Officer may coordinate with each department to develop a monitoring and auditing work plan based upon the results of the risk assessment. Work plans must include a process for responding to all monitoring and auditing results and for conducting follow-up reviews of areas found to be non-compliant to determine if the implemented corrective actions have fully addressed the underlying problems.

The processes used to implement the work plans shall be documented.

6.4. Audit of EGID's Operations and Compliance Program

The Chief Compliance Officer and the EGID Compliance Committee shall be responsible for the implementation of an audit function for monitoring and auditing the EGID's operational areas. On a periodic basis as determined by the Chief Compliance Officer, but no less than once a year, EGID shall conduct random audits to ensure claims processing accuracy and adherence to the Compliance Program.

Participants in the audit function must be knowledgeable about operational requirements for the areas under review. Operations staff may assist in audit activities provided the assistance is compatible with the independence of the audit function. Auditors must be independent and not engaged in self-policing.

While the compliance unit staff may not conduct the formal audit of the effectiveness of the Compliance Program, it may administer less formal measures of compliance program effectiveness, such as a self-assessment tool or dashboard or scorecard in support of the Compliance Program effectiveness audit.

All efforts to comply with applicable statutes and regulations shall be documented, including the fact that an audit has taken place and a description of the nature and results of the audit. Any inquiries EGID makes of third party payors regarding the claim submission process shall be documented if EGID intends to rely on the guidance.

6.5. Monitoring and Auditing Subcontractors

EGID has developed, and shall continue to develop and refine, procedures to test and confirm for the compliant administration of its contracts with subcontractors. .

6.6. Tracking and Documenting Compliance and Compliance Program Effectiveness

Compliance of operational areas should be tracked by management and publicized to employees. Issues of noncompliance identified in dashboards, scorecards and self-assessment tools, etc., should be shared with senior management. EGID will use compliance performance as a measure for staff and management evaluations.

6.7. OIG/GSA Exclusion

On a monthly basis, EGID reviews the federal Exclusion Lists against a list of all employees, temporary employees, consultants, OEIBB members, and subcontractors to

ensure that none of these persons or entities are excluded or become excluded from participation in federal programs.

In no instance will EGID allow a Covered Person to perform in those capacities if such person has been excluded from participation in any federal health care program. In addition, EGID will reasonably inquire into the status of each prospective employee at a minimum by conducting background checks of employees to ensure that no history of engaging in illegal or unethical behavior exists.

6.8. Use of Data Analysis

EGID or its designee will engage in data analysis to identify patterns of aberrant and potentially abusive utilization.

Documentation of how internal monitoring and auditing for FWA, including data analysis procedures, shall be made by EGID.

6.9. Investigations by the EGID Compliance Department

The EGID Compliance Department shall conduct surveillance, interviews, and other methods of investigation related to potential FWA.

6.10. Auditing by Law Enforcement

It is EGID's policy to fully cooperate with law enforcement. EGID shall cooperate and coordinate with law enforcement as appropriate.

Section VII

Procedures and System for Prompt Response to Compliance Issues

7.0. Summary

EGID has procedures and a process for responding to compliance issues as they are raised, investigating potential compliance problems as identified in the course of self-evaluations and audits, correcting such problems promptly and thoroughly to reduce the potential for recurrence, and ensuring ongoing compliance with state and federal regulations, including CMS requirements.

EGID will conduct appropriate corrective actions (for example, repayment of overpayments, disciplinary actions against responsible individuals) in response to the violations.

7.1. Conducting Timely and Reasonable Investigations

EGID is committed to investigating any incident of noncompliance with the Compliance Program, significant failures to comply with applicable federal or state law, and other types of misconduct which threatens or calls into question EGID's status as a reliable, honest, and trustworthy department of the State of Oklahoma. Fraudulent or erroneous conduct that has been detected, but not corrected, can seriously endanger the reputation of EGID. In this regard, EGID has developed internal and external audit procedures and encourages Covered Persons to report FWA on their own initiative.

Upon receipt of reports or reasonable indications of suspected noncompliance or FWA, the Chief Compliance Officer, or the person to whom (s)he delegates, will investigate the allegation(s) to determine whether a material violation of applicable law or requirements of the Compliance Program has occurred. This investigation must begin within two weeks of the identification of the potential problem.

An investigation of a particular practice or suspected violation shall involve a review of the relevant documentation and records, interviews with staff, and analysis of applicable laws and regulations.

The results of any investigations shall be thoroughly documented. Investigation records shall include a description of the investigative process, copies of interview notes and key documents, a log of individuals interviewed and documents reviewed, the results of the investigation, and any disciplinary or corrective actions taken. Precautions shall be taken to ensure that critical documents are not destroyed without permission of the Compliance Officer and approval of Legal Counsel, and are retained in accordance with statutory guidelines regarding retention.

7.2. Corrective Actions

If an audit or investigation reveals a material violation of this Compliance Program, corrective action should be taken promptly following completion of the investigation to correct the underlying problem that results in program violations and to prevent future noncompliance.

The Chief Compliance Officer and Legal Counsel shall detail a corrective plan of action which documents all deficiencies, and establishes timeframes for specific achievements by which corrective action must take place. The elements of the corrective action that address noncompliance or FWA committed by EGID's employee(s) or subcontractors must be documented, and include ramifications should the employee(s) or subcontractors fail to satisfactorily implement the corrective action. EGID shall enforce effective correction through disciplinary measures, up to and including employment or contract termination, if warranted. EGID shall monitor and audit to ensure that the deficiencies are corrected and remain corrected after implementation of corrective actions.

All deficiencies and corrective actions shall be documented, and include progress reports with respect to each error identified.

Any decision whether to disclose the results of investigations or audits to federal or state authorities shall be made by the OEIBB compliance committee based upon recommendations of Legal Counsel.

1. If any incident of fraud is determined by the Chief Compliance Officer, they shall immediately take appropriate actions, including referral of any abusive or potentially fraudulent conduct or inappropriate utilization activities, once identified via proactive data analysis or other processes, for further investigation to appropriate federal or state agencies;
2. 2. Immediate reporting of potential violations of Federal law to the DHHS OIG or, alternatively, to appropriate law enforcement authorities; and
3. Identification and repayment of any overpayments to the appropriate party.

7.3. Providers with a History of Complaints, Investigations, Violations and Prosecutions

EGID will comply with requests by law enforcement regarding monitoring of providers within EGID's network that have been identified as potentially abusive or fraudulent.

EGID will maintain files for a period of 10 years on both in-network and out-of-network providers who have been the subject of complaints, investigations, violations, and prosecutions. This includes enrollee complaints, OIG and/or DOJ investigations, US Attorney prosecution, and any other civil, criminal, or administrative action for violations of Federal health care program requirements.

EGID will maintain files that contain documented warnings (i.e., fraud alerts) and educational contacts, the results of previous investigations, and copies of complaints resulting in investigations.